WyIR Provider/User Access Level Form

Office Manager or Authorized Representative:

Please complete the following information for anyone in your practice who will need access to the Wyoming Immunization Registry. Each individual with needed access must be listed on this form and complete the WyIR Individual User Agreement prior to receiving a User ID and Password for the WyIR. Once complete, please return this form with the WyIR Provider Enrollment Agreement and applicable WyIR Individual User Agreements. This form is to be kept with the Immunization Registry Management Site Personnel File maintained by the WyIR Administrators at the Department of Health; a copy may be kept on file with your practice.

The Wyoming Immunization Registry is implemented by the Wyoming State Department of Health under the authority of Wyoming Code: §35-1-240ii, 35-4-101,21-4-309, and 14-4-116. It provides the authority to prescribe rules and regulations for the management and control of communicable diseases.

When an authorized user leaves this site, the site manager or designee must fax the Remove User form to the Wyoming Immunization Registry office within twenty-four (24) hours of the employee's last day of employment.

Please complete the following:

1. Name of Health Care Organization:
2. WyVIP PIN # (if applicable):
3. Information below to allow access to and define level for the WyIR:

First Name	Last Name	Position/Title	Signature	Date	Type of Access *

* The Wyoming Immunization Registry offers four types of access:
1. View = allows record look up, creating/printing reports, cannot add or change any information in WyIR.
2. Client = allows all of the above plus can add vaccination information and can add patients to the WyIR
3. Administrator = allows all of the above plus ability to add/edit lot numbers and Physician/Vaccinators.
4. Mass Immunizations = allows individuals to have access to and add information into the Mass Immunization Module. This permission is given in combination with the Administrator level detailed above.